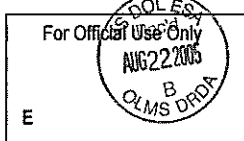


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10965</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Deborah</u> <u>L</u> <u>Thomas</u> P.O. Box, Bldg., Room No., if any <u>P. O. Box 3745</u> Street <u>3345 Harrison Avenue</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59702-3745</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 2</u> Labor Organization File Number <u>001364</u> P.O. Box, Building and Room Number, if any <u>P. O. Box 3745</u> Street <u>3345 Harrison Avenue</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59702-3745</u>
5. Position in labor organization. <u>Business Agent and Vice-President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Deborah L. Thomas

On

08/15/2005

Date

406-494-2722

Telephone Number

Name of Person Filing Deborah Thomas	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Montana Teamsters Employers/Contractors Trus"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text" value="MTET"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 4148"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text" value="Portland"/></p> <p>State <input style="width: 20%;" type="text" value="Oregon"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="97208"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <p>I am a Trustee of the MTET and Business Agent and Vice President of Teamsters Local Union #2. I received reimbursement for travel related expenses incurred on MTET Trust business. (See attached).</p> </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="\$2,982"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100px;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

Deborah L. Thomas
12/31/04

Attachment 1 of 1 page



**William C.
EARHART**
COMPANY, INC.
EST. 1954
Administrators of
Employee Benefit Plans

August 12, 2005

**Debbie Thomas
Teamster Local 2
P O Box 3745
Butte Mt 59701**

RE: LM-30 Reporting Montana Teamsters-Contrators/Employers Trust

Dear Union Trustee:

As you are aware, the Labor-Management reporting and Disclosure Act (LMRDA) requires you to file an LM-30 if you received reimbursement from the Trust in excess of \$ 25.00.

Following is information about any amounts the Trust paid on your behalf, or reimbursements to you for expenses incurred.

If you have any questions or need additional information please do not hesitate to call.

Sincerely,

**Sue Deibele
The William C. Earhart Co., Inc.**

Date	Amount	Explanation
January 2004	\$ 0	
February 2004	\$ 0	
March 2004	\$ 0	
April 2004	\$ 0	
May 2004	\$ 538.80	Trust Meeting
June 2004	\$ 0	
July 2004	\$ 0	
August 2004	\$ 0	
September 2004	\$ 0	
October 2004	\$ 106.50	Trust Meeting
November 2004	\$ 0	
December 2004	\$ 1900.00	Registration & deposit IF Honolulu
January 2005	\$ 0	
February 2005	\$ 0	
March 2005	\$ 436.41	Trust Meeting
April 2005	\$ 0	
May 2005	\$ 0	
June 2005	\$ 0	
July 2005	\$ 0	
August 2005	\$ 0	

P.O. Box 4148	503-282-5581
3140 NE Broadway	800-547-1314
Portland, OR 97208	FAX 503-284-9386